

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038653

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 255 Primary Registration District No. 4559 Registrar's No.

FILED SEP 18 1963

VS 300 Rev. 4/59	DATE AMENDED	INSTEAD OF	DOCUMENT
1 1070			
2 1070			
3 2			
4 1			
5 1			
6			
7 0			
8 0			
9 53.8			
10			
11			
12 90-0			
13			
USE BLACK INK OR TYPEWRITER RIBBON	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	SHOULD READ	BY AFFIDAVIT OF
ITEM NO.			

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hartshorn		c. CITY OR TOWN Hartshorn	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Julia Mildred Powell		4. DATE OF DEATH Month Day Year August 20 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/10/94
9. AGE (last birthday) 69		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Hartshorn, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Davis		13b. MOTHER'S MAIDEN NAME Johannah C. Louder	
14. NAME OF HUSBAND OR WIFE Ernest Powell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Ernest Powell Hartshorn, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 4-ma	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-10-63 to 7-26-63 and last saw her alive on 7-26-63 Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. P. Maddux M.D.		22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 9/10/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/22/63	23c. NAME OF CEMETERY OR CREMATORY Antioch Cem.	
23d. LOCATION (City, town, or county) Hartshorn, Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo.		25. DATE RECD. BY LOCAL REG. 9-18-63	26. REGISTRAR'S SIGNATURE Huntardwike M.D.

(Licensed Embalmer's Statement on Reverse Side)

To Doctor: 11:30 A.M. 8/21/63

Rec'd from Dr. 10:A.M. 9/11/63

To Local Reg. 10:A.M. 9/11/63

*Burial
Permit issued*

SEP 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joe E. Duncan

Licensed Embalmer No.

4325

P. O. Address

Inter View, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.